

## MINUTES



### HOSPITAL PATIENT FLOW TOPIC GROUP held on FRIDAY 18 MAY 2018

#### ATTENDANCE

##### MEMBERS OF THE TOPIC GROUP

J Birnie (District Councillor); R C Deering; E M Gordon; D J Hewitt; T Howard; R H Smith; C J White (Chairman);

##### Other Members in attendance

D Andrews; F Thomson (District Councillor)

##### Officers in attendance:

David Brewer- Head of Engagement- East & North Herts NHS Trust  
Isabel Cockyane – Director of Communications & Engagement- East of England Ambulance Service Trust  
Steve Davey – Senior Locality Manager- East of England Ambulance Service Trust  
Marion Dunstone – Director of Operations Hertfordshire Community Trust  
Denis Enright- Associate Director of Operations – Hertfordshire Community Trust  
Tracy Foster- Deputy Director- Performance & System Resilience Herts Valleys Clinical Commissioning Group  
Fran Gertler- Director of Integrated Care- West Hertfordshire Hospital Trust  
Heidi Hall- Head of Integrated Discharge ( East)  
Barbara Harrison – Urgent Care performance Lead – Hertfordshire Community Trust  
Tom Hennessey- Assistant Director – Integrated Health East & North Herts Clinical Commissioning Group  
Simon King- Sector Head- East of England Ambulance Service Trust  
Edward Knowles – Assistant Director Integrated Care  
Charles Lambert- Scrutiny Officer  
Iain Macbeath- Director of Adult Care Services  
Andy Mallabone- Head of Integrated Discharge- (West)  
Elaine Manzi Democratic Services Officer

#### PART I ('OPEN') BUSINESS

##### 1. APPOINTMENT OF THE CHAIRMAN

- 1.1 It was noted that C J White had been appointed as the Chairman of the Topic Group for the duration of its work.

##### 2. GENERAL TOPIC GROUP INFORMATION

- 2.1 The Topic Group received a report setting out the general context for the work of scrutiny topic groups.

**ACTION**

### 3. REMIT OF THE TOPIC GROUP

- 3.1 The Topic Group noted the remit of the Topic Group which was as follows:  
To examine patient flow processes at the two Hertfordshire acute trusts to identify good practice and blockages in admission from an ambulance and discharge

### 4. HOSPITAL PATIENT FLOW TOPIC GROUP

#### ***Feedback from visits to Lister Hospital and Watford General Hospital***

- 4.1 **Charles Lambert, Scrutiny Officer** provided the Topic Group with feedback from the site visits to Watford General Hospital and Lister Hospital that Topic Group Members had undertaken.
- 4.2 It was noted that Members had witnessed that both hospitals had broadly adopted similar strategies to improve hospital patient flow, including the introduction of specialist areas such ambulatory units and discharge lounges.
- 4.3 It was also established that both hospitals had strengthened their positions on collaborative working with the council and other health partners to improve patient discharge arrangements.
- 4.4 Members acknowledged that the site visits had been extremely informative, and they had been pleased to see the developments that had been made.

#### ***Background information and outline of programme***

- 4.5 **Ed Knowles, Assistant Director for Integration** provided Members with a brief outline with regards to the purpose and directive required of the Topic Group.
- 4.6 Members acknowledged that all partners within the patient flow process were under pressure and although this had particularly been exacerbated over the winter months, when attendances to the hospital had spiked, they faced a constant daily challenge to improve the patient hospital experience.
- 4.7 It was noted that historically, challenges had been experienced more prevalently in the west of the county than the east.

**CHAIRMAN'S  
INITIALS**

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## ***Ambulance Transfers***

- 4.8 **Isabel Cockayne – Director of Communications & Engagement- East of England Ambulance Service Trust, Steve Davey – Senior Locality Manager- East of England Ambulance Service Trust Simon King- Sector Head- East of England Ambulance Service Trust** provided Members with challenges faced by the East of England Ambulance Service Trust, (EEAST) in regards to delayed transfers of care.
- 4.9 Members learnt that EEAST received up to 4000 calls per day from members of the public requiring their service, and it was highlighted that on Christmas Eve 2017, the service had received 4800 calls, placing it under significant increased pressure.
- 4.10 It was established that in response to the pressures, in January 2017 EEAST had attended a Risk Summit convened by NHS England and NHS Improvements where various strategies had been agreed and subsequently implemented to mitigate the risks identified from the the pressures being received by the service.
- The full summary of the meeting can be found here:
- <https://www.england.nhs.uk/mids-east/2018/02/02/east-of-england-ambulance-service-nhs-trust-risk-summit-action-plan/>
- 4.11 The Topic Group were advised that a key issue of the risk summit was for EEAST to strengthen its planning strategies.
- 4.12 It was noted that EEAST had tightened its handover protocol, which meant that EEAST ambulance crew no longer waited with their patient at the hospital, but instead handed them over to patient liaison officers or appropriate clinicians or hospital staff who met the ambulance on arrival which meant that the ambulances were released to respond to other incidents.
- 4.13 Members were pleased to learn that the regional average transition time for EEAST had reduced from 29 minutes to 20 minutes. It was noted that there had been particular improvements with patient transition in the west of the county.
- 4.14 Members also learnt that EEAST had, as part of the newly implemented Ambulance Response Programme, embedded the 'Hear & Treat' and 'See & Treat' strategies, thus reducing the need for either ambulances to attend an incident or for patients to attend hospital. These strategies were further strengthened by the increased use of the Early Intervention Vehicle scheme in the east of the county which was used to attend calls from elder patients who had suffered a non-life threatening incident such as a fall. In addition, more detailed information for services such as 24 hours pharmacies was available for EEAST call centre staff,

to enable appropriate signposting for non-urgent calls.

- 4.15 It was established that there are discussions to introduce a similar early intervention vehicle scheme in the west of the county.
- 4.16 In response to a Member question it was noted that the historic issue of ambulance crews not having sufficient medical supplies on their vehicles had been resolved and crews now have sufficient supplies for a full shift. In addition, improvements had been made for the time taken for the process of cleaning vehicles between calls should this be required.
- 4.17 During Member discussion, it was noted that the improved strategies meant that the overall patient experience and pathway had improved, leading to an increase in compliments to the service. It was acknowledged that the current 111 public awareness campaign would need to continue to ensure that the service continued to be used in the most appropriate way by the public. Members also received assurance that care homes in the county were also receiving guidance and education as to which area of the service was appropriate for their staff to access in the event of resident need.
- 4.18 Members heard that EEAST felt that the 111 service was working well overall.
- 4.19 Members noted that EEAST had recently taken over the non-emergency Patient Transport Service (PTS) contract, but acknowledged that it was premature to be able to fully assess whether this had a positive impact on hospital patient flow. It was agreed that Members would be provided with data on this when it was available.
- 4.20 In response to a Member challenge it was established that EEAST felt it had sufficient vehicles that were fit for purpose. It was noted that vehicles are serviced every three weeks and are all less than five years old.
- 4.21 The Topic Group were advised that EEAST was able to continue to liaise and influence partners through their presence on the A&E Delivery Board and at Strategic Transformation Partnership meetings.

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### ***Lister Hospital***

- 4.22 **Heidi Hall- Head of Integrated Discharge (East) and David Brewer- Head of Engagement- East & North Herts NHS Trust** provided Members with information on the challenges faced by East & North Herts NHS Trust (ENHT) with regards to Hospital Patient Flow.
- 4.23 Members learnt that the key issue for ENHT was to change and evolve the current culture within the organisation to a different way of working to improve hospital flow.

- 4.24 It was noted that discharge arrangements are now resourced to ensure 7 day working and the trust is working towards discharging admitted patients within 24 hours of a clinical decision being made. Currently, the target is 48 hours.
- 4.25 This was being undertaken by ensuring that all patient requirements are better coordinated and ready further in advance of discharge. This included any care package requirements, transport, medication, and any alternative accommodation provision.
- 4.26 Further to discussion, it was noted that future considerations to improve patient discharge would be a move towards e-prescribing, as it was noted that waiting for medications was one of the key causes of patient discharge delay.
- 4.27 Assurance was received that changing or differing work patterns of consultants would not be a cause of discharge delay. It was explained that there was always a consultant available on shift to authorise the discharge of patients where appropriate.
- 4.28 The Topic Group were advised that additional strategies included the increased utilisation of the discharge lounge and the production of a information leaflet for patients and their families to explain the hospital flow process.
- 4.29 Members recollected at the recent site visit to Lister Hospital and discussed the options available within Discharge Pathway Two, where patients are unable to return home due to the need for further reablement or rehabilitation.
- 4.30 During discussion it was established that the 'step down' beds were partly commissioned by the council and partly commissioned by the trust. It was acknowledged that it is a daily challenge, due to the variety of patient needs, to forecast accurately what type of beds would be required. It was agreed that more work needed to be undertaken to enable the step down beds to be more flexible and consistent in meeting the changing patient need.
- 4.31 It was noted that in total 110 'step down' beds were available, and that patient pre-discharge assessments were undertaken by a mix of medical and social care staff. It was stressed that availability of 'step down' beds was not a predominant issue as ultimately the aim of the trust was to return patients to their own homes.
- 4.32 Members were advised that the Trust also have a dedicated frailty unit, to filter out and appropriately assess and treat the increasing number of elderly patients being admitted to the emergency department. In addition to this, the hospital had an excellent Age UK service to help support elderly patients who are admitted to the hospital return home.

- 4.33 As part of the discussion regarding the discharge of elderly patients, it was noted that therapy and reablement needs are individualised depending on patient requirements. It was recognised that there are challenges for when the patient requires a placement in a residential care home due to placement availability.
- 4.34 Members also heard that the trust have an ambulatory unit. It was agreed that the trust would provide Members with the figures of those patients attending the ambulatory unit who were then subsequently admitted to the hospital.
- 4.35 In response to a Member question, it was established that encouraging consultants to work within the parameters of the new way of working was part of the work being undertaken to change the culture of thinking throughout the hospital.
- 4.36 During discussion it was noted that increased work is being undertaken with the GPs to reduce direct referrals by promoting the HomeFirst Service.
- 4.37 It was also noted that a significant amount of work had been undertaken to improve and promote the out of hours service to ensure that this was a viable alternative to being taken to the emergency department.

ENHT

### ***Summary of the morning's scrutiny***

- 4.38 **Charles Lambert, Head of Scrutiny** provided a summary of the information heard during the morning session.

### ***Watford General Hospital***

- 4.39 **Fran Gertler, Director of Integrated Care WHHT, Andy Mallabone, Head of Integrated Discharge (West), Adult Care Services Debbie Foster, Director Operations, Emergency Medicine, West Hertfordshire Hospitals Trust, Elaine Odlum, Divisional Manager Medicine, West Hertfordshire Hospitals Trust and Sally Tucker Chief Operating Officer** provided Members with information on the challenges faced by West Hertfordshire Hospitals NHS Trust (WHHT) with regards to hospital patient flow.
- 4.40 Members heard that Watford General Hospital had experienced significant hospital discharge timeframe improvement in the last few months. This was due to a number of factors, including the introduction of a seven day discharge process and work to change the culture of the staffing within the hospital, supported by a 'myth buster' strategy.
- 4.41 It was advised that the trust had implemented a flexible clinical team which had supported the ambulance crews to handover promptly and depart swiftly. Patients were then subjected to a streaming process. Any

non-emergency patients without a cubicle were assessed by a clinician to assess whether they could either wait on a trolley or were 'fit to sit' in the waiting area.

- 4.42 It was noted that the target was to make a decision on each patient entering the emergency department within 1½ hours of arrival.
- 4.43 Members learnt that the emergency department had broadened to encompass an emergency assessment unit, an ambulatory unit and gynaecological assessment unit to manage and treat patients presenting with needs within those areas.
- 4.44 In response to a Member question It was established that links with GPs had been strengthened through working with the Watford Care Alliance, raising awareness about the need to reduce direct referrals.
- 4.45 Members noted that the non-emergency out of hours service had now ended, but were assured that out of hours GP's appointments were still available.
- 4.46 In response to a Member concern regarding the differing experiences of patients with their follow up from their GPs, it was noted that the target was to issue a discharge summary to a GP within 24 hours of the patient leaving hospital.
- 4.47 The Topic Group also were provided with information on the fresh eyes initiative. When a patient is admitted to hospital, as well as them receiving assessment from a team within their own assigned clinical areas, an independent team of clinicians and officers from across the hospital also assess the patient, thus providing a fresh and independent view with regards to the need to continue treatment or ability to discharge.
- 4.48 Members also learnt that the trust also had resources to manage complex discharge processes, and were working to identify these cases earlier in the admission process to enable improved patient flow.
- 4.49 Members were pleased to hear that the strategies implemented by WHHT had resulted in a 46% improvement in bed availability within the hospital. It was noted that the trust have had access over the winter period to 125 'step down' beds. It was acknowledged that due to the challenges associated with being unable to accurately forecast what ongoing treatment patients would need, constant monitoring and flexibility was required around the use of the step down beds. It was noted that exploration and a separate piece of work was being undertaken with regards to the future management of the number of neurological and stroke patients requiring ongoing treatment or therapy.

- 4.50 During discussion the continuing challenges of recruiting care home staff and therapists and the availability and challenges associated with residential placements were noted and acknowledged.
- 4.51 Further to a Member challenge, assurance was received that although WHHT may have some different practices in place at Watford General Hospital from those at the Lister Hospital, the officers at both sites do interact at various forums to discuss practice issues.
- 4.52 In response to a Member observation that according to the data provided for the meeting, delayed discharge levels for the west were double those for the east, it was noted that the data provided was for both Princess Alexandra Hospital as well as Watford General Hospital. It was reiterated that the challenges for delayed discharges from Watford General Hospital mainly centred on the complex nursing needs market and homecare availability.
- 4.53 The group noted that officers from Lister Hospital had highlighted the strategies to mitigate the delays to discharge caused by waiting for prescriptions and asked if Watford General Hospital had adopted similar strategies.
- 4.54 It was established that pharmacists now formed part of the board within the hospitals, and the target was for patients to receive prescriptions 45 minutes from the time of them being prescribed and for prescriptions to be issued 24 hours prior to discharge. It was explained that e-prescriptions are being considered for the future.
- 4.55 In response to a Member query, assurance was received that the differing work patterns of consultants would not be a cause of discharge delay. It was explained that there was always a consultant available on shift to authorise the discharge of patients where appropriate.
- 4.56 During discussion, consideration was also given to the challenges faced by the condition of the estates where the hospital was located, with it being noted that some beds within the ambulatory ward had to be used for alternative clinical need over the winter to alleviate pressures. Members were advised that planning for Winter 2018/19 was already taking place to reduce the risk of this happening in the future.

### ***Community Provision***

- 4.57 **Marion Dunstone – Director of Operations Hertfordshire Community Trust Denis Enright- Associate Director of Operations – Hertfordshire Community Trust and Barbara Harrison – Urgent Care performance Lead – Hertfordshire Community Trust** provided Members with information on Hertfordshire Community Trust (HCT's) role in improving hospital patient flow.



- 4.58 The Topic Group learnt that the role of the HCT was the dual function of preventing hospital admission and providing therapy and treatment once patients had been discharged from an acute setting.
- 4.59 Members learnt that work strategies adopted within the organisation had resulted in reduced hospital attendance for patients with pulmonary or urinary conditions.
- 4.60 In response to a Member question assurance was received that different levels of HCT staff are available 24 hours a day, but it was acknowledged that it would be unusual for a patient to be admitted to a step down bed after 10pm.
- 4.61 The Trust also acknowledged that patients had experienced some difficulties with the transport service prior to management being transferred to EEAST.
- 4.62 The group received confirmation that HCT beds are available across the county.

***Commissioner monitoring***

- 4.63 **Tom Hennessey- Assistant Director Integrated Health ENHCCG and Tracy Foster- Deputy Director of Performance & System Resilience HVCCG** provided Members with information on the role of the Clinical Commissioning Groups in respect to hospital patient flow.
- 4.64 Members learnt that East & North Herts Clinical Commissioning Group (ENHCCG) have daily briefings and weekly summaries detailing issues with delayed transfers of care which it then targets to find a resolution.
- 4.65 In addition to the daily and weekly communications, there were regular joint commissioning programme boards and system resilience group meetings where strategies and challenges were discussed.
- 4.66 It was established that in the east of the county, the Vanguard programme which provides an enhanced model of support for frail or elderly patients or those with multiple complex needs in the community was working well and had impacted the delayed transfers of care.
- 4.67 In addition to this a piece of work was being commissioned by ENHCCG to look at opportunities for improvements, although it was acknowledged that strategic buy-in is a challenge and improvements required a whole system approach to be successful.
- 4.68 Members learnt that Herts Valleys Clinical Commissioning Group (HVCCG) also discussed delayed transfers of care through daily updates, a system and resilience group and a Performance Committee.

- 4.69 Members were pleased to learn that HVCCG had a very solid working relationship with the hospital which strengthened the ability to deliver the best outcomes for patients.
- 4.70 During discussion it was established that as much as possible prompt discharge to assess in a home setting is encouraged as evidence has proved that for a majority of conditions, confinement to a hospital bed is detrimental to patient recovery both physically and mentally. Members heard that both CCG's were confident that enough beds were available, but acknowledged that better strategies were required to ensure that these were used most efficiently and appropriately.
- 4.71 Members were informed that KPI's for discharge were set nationally and were measured by the CCG's, the hospital, and NHS England.

### ***Adult Care Services work***

- 4.72 ***Iain Macbeath, Director of Adult Care Services, Hertfordshire County Council*** provided the Topic group on information on the work of Adult Care Services to improve delayed transfers of care.
- 4.73 Members discussed and received clarification on the DTOC Scrutiny factsheet, circulated for the meeting and available here:  
<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/943/Committee/135/Default.aspx>
- 4.74 It was noted that historically there had been more care home availability in the east of the county than in the west. Members acknowledged and discussed the reiterated concerns raised earlier in the meeting around the challenges of recruiting homecare staff.
- 4.76 Members received assurance that Adult Care Services were implementing strategies to improve the recruitment and retention of homecare workers.
- 4.77 The group were advised that from Adult Care Services' perspective the integrated services teams, including adult care services within the hospitals had improved the hospital patient flow.

## **5 CONCLUSIONS & RECOMMENDATIONS**

- 5.1 The final agreed conclusions and recommendations can be found in the report of the Topic Group by **Charles Lambert, Scrutiny Officer** which can be found in the full report of the Topic Group to be found here:

[http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/  
tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/943/Committee/135/Def  
ault.aspx](http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/943/Committee/135/Default.aspx)

**KATHRYN PETTITT**  
**CHIEF LEGAL OFFICER**

**CHAIRMAN**\_\_\_\_\_

**CHAIRMAN'S**  
**INITIALS**

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